ARIZONA STATE BOARD OF HEALTH State File No. PLACE OF BIRTH BUREAU OF VITAL STATISTICS Registered No ... STANDARD CERTIFICATE OF BIRTH Township .... City ...... hospital or institution, give its NAME instead of street and number) (It birth oppurred as If child is not yet named, make 2, Full name of child... supplemental report, as directed 4. Twin, triplet, or other. 8. Premature . A. 8. Date of If plural birth.. births (Month, day, year) 8. Number, in order of birth .. Full term ...... 18. Full 9. Full maiden name name Residence (usual place of abode)
(If nonresident, give place and State). 10. Residence (usual place of abode) (If nonresident, give place and State) 1/4 can 22. Birthplace (city or place) 13. Birthplace (city or place) ... محد و ۵۵ (State or country) (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc...... 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc............. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc....... 25. Date (month and year) 18. Date (month and year) last last engaged in this work 26. Total time (years) spent in this work... Long Start 19 17. Total time (years) spent in this work... c) Stillborn..... Before labor 29. Cause of stillbirth ..... 28. If stillborn, months period of gestation. P. or weeks CERTIFICATE OF ATTENDING PASSICIAN on the date above stated I hereby certify that I attended the birth of this child, who was (Born all When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Given name added from a supplemental report ..... (Date of) Registrar.

-In case of more than one child at a